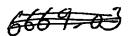
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10/689,466

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number



CLAIMS AS FILED - PART I (Column 2)								SMALL ENTITY TYPE O			OTHER THAN		
TOTAL CLAIMS			. 18					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
το	TAL CHARGE	ABLE CLAIMS	2 minus 20=		· 3			X\$ 9=	70	OR	X\$18=		
IN	DEPENDENT C	LAIMS	minus 3 =		. &		li	X43=	_	OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT] [+145=	-	OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							E	TOTAL	457	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- 28	Minus	**	V	=] [X\$ 9=		OR	X\$18=		
	Independent	AUTATION OF MI	Minus	ENDENT	<u>SLAIM</u>	=	! [X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)				_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 28	Minus	- 20	P		IJſ	X\$ 9=		OR	X\$18=		
	Independent	* /	Minus	ENDENT	CI AIN	-	\bot	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	lΓ	X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		!	.145-		Ì	.200-		
		nn 1 is less than th nber Previously Pai					. L	+145= TOTAL		OR (+290= TOTAL		
***	f the "Highest Nu	mber Previously Paid ber Previously Paid	d For IN THIS	SPACE IS	less than	1 3, enter "3."	AL	ODIT. FEE L		,	NDDIT. FEE L IMN 1.		